

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Millard for Congress

ADDRESS (number and street)

PO Box 1074

Check if different  
than previously  
reported. (ACC)

Tryon

NC

28782

2. FEC IDENTIFICATION NUMBER ▼

C

C00573592

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
06 / 07 / 2016in the  
State of

NC

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2016

through

M M / D D / Y Y Y Y  
05 / 18 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lori B Walter

Signature of Treasurer

Lori B Walter

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 43

Write or Type Committee Name

Millard for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17535.68	154950.08
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17535.68	154450.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	33422.36	142519.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	33422.36	142519.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34058.59	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1559.40	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	22500.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Millard for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

12970.00

126775.01

(ii) Unitemized.....

4565.68

28175.07

(iii) TOTAL of contributions from individuals ▶

17535.68

154950.08

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

17535.68

154950.08

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

22500.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

22500.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

0.00

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

2390.84

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17535.68

179840.92

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 43

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33422.36	142519.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	0.00	2359.40
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	33422.36	145378.90

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	49945.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17535.68
25. SUBTOTAL (add Line 23 and Line 24).....	67480.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33422.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34058.59

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3A

Transaction ID :

First amendment failed to enter merchant fees for online donations on original report. Second amendment was to correct an in-kind donation for Lori Walter, originally listed at \$1098.00 but should be \$10.98

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 43

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Millard for Congress**

Full Name (Last, First, Middle Initial)

**Anonymous Anonymous**

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
n/a

Occupation  
n/a

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

306.00

Date of Receipt

**04** / **27** / **2016**

**Transaction ID : VPFGZHK7RC0**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Robert L. Blandford Jr.**

**B.**

Mailing Address 152 Antelope Dr

City

State

Zip Code

Mount Holly

NC

28120-9418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

**04** / **27** / **2016**

**Transaction ID : VPFGZHKJ5X9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Erskine B. Bowles**

**C.**

Mailing Address 6725 Old Providence Rd

City

State

Zip Code

Charlotte

NC

28226-7735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of NC

Occupation  
President Emeritus

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**04** / **27** / **2016**

**Transaction ID : VPFGZHK80P6**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2020.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Millard for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Brodnax**

Mailing Address 538 N Main St  
FI 2

City Hendersonville State NC Zip Code 28792-5089

FEC ID number of contributing federal political committee. **C**

Name of Employer Capitol Options Inc Occupation Financial Planner

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2016

Transaction ID : VPFGZHKJ4X9

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Harold L Burrell**

Mailing Address 231 N Trade St  
Ste 2

City Tryon State NC Zip Code 28782-3013

FEC ID number of contributing federal political committee. **C**

Name of Employer Burrells Fuels Inc Occupation Owner

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

Transaction ID : VPFGZHK81G0

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Phil Burton**

Mailing Address 2 Brilliant Sunset Ln

City Weaverville State NC Zip Code 28787-4510

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation re

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2016

Transaction ID : VPFGZHKJ925

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

Cecil D. Bykerk

A.

Mailing Address 9643 Oak Cir

City

Omaha

State

NE

Zip Code

68124-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CDBykerk Consulting, LLC

Occupation

President, Actuarial Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2016

Transaction ID : VPFGZHKJ8M7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jill Clark

B.

Mailing Address 10844 S 18th St

City

Omaha

State

NE

Zip Code

68136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

not employed

Occupation

not employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2016

Transaction ID : VPFGZHKJ3J9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Beth G. Coulson

C.

Mailing Address 4 E Palisades Dr

City

Little Rock

State

AR

Zip Code

72207-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2016

Transaction ID : VPFGZHKJ8V2

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Peggy Culbertson

Mailing Address 5100 Sharon Rd

Apt 1401 N

City

Charlotte

State

NC

Zip Code

28210-4768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2016

Transaction ID : VPFGZHKJ5T6

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ken Eudy

Mailing Address 807 Harvey St

City

Raleigh

State

NC

Zip Code

27608-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capstrat

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2016

Transaction ID : VPFGZHKGZZ6

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Perry Fisher

Mailing Address 50 Deerhaven Ln

City

Asheville

State

NC

Zip Code

28803-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fisher, Stark &amp; Cash

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2016

Transaction ID : VPFGZHK7T34

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Millard for Congress**

Full Name (Last, First, Middle Initial)

**Shields Flynn**

Mailing Address 255 Brookwood Dr

City

Tryon

State

NC

Zip Code

28782-4576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2016

Transaction ID : VPFGZHK81S1

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**John F Gargiulo**

Mailing Address PO Box 1275

City

Columbus

State

NC

Zip Code

28722-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vines &amp; Stuff Gift Shop

Occupation

Owner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : VPFGZHKH037

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**John F Gargiulo**

Mailing Address PO Box 1275

City

Columbus

State

NC

Zip Code

28722-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vines &amp; Stuff Gift Shop

Occupation

Owner

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2016

Transaction ID : VPFGZHK81N9

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Millard for Congress**

Full Name (Last, First, Middle Initial)

**Linda Haynes****A.**

Mailing Address PO Box 100

City

Tryon

State

NC

Zip Code

28782-0100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Haynes Law Firm

Occupation

Assistant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

**Transaction ID : VPFGZHK87V9**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**David H. Hofstad****B.**

Mailing Address 5711 Euclid St

City

Cheverly

State

MD

Zip Code

20785-2941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Independent Financial Advisors

Occupation

Financial Planner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2016

**Transaction ID : VPFGZHKGZW2**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Max Hopper****C.**

Mailing Address PO Box 40

City

Earl

State

NC

Zip Code

28038-0040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Town of Earl

Occupation

Mayor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

**Transaction ID : VPFGZHK8X94**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

Robert P. Lasser

Mailing Address 6795 Pinebrooke Dr

City

Hudson

State

OH

Zip Code

44236-3296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Advisor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2016

Transaction ID : VPFGZHKJ8R8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lynn Lorenzo-Polk

Mailing Address 1118 S Belvedere Ave

City

Gastonia

State

NC

Zip Code

28054-4584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : VPFGZHK8XG9

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Elaine F Marshall

Mailing Address PO Box 25128

City

Raleigh

State

NC

Zip Code

27611-5128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of NC

Occupation

Secretary of State

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2016

Transaction ID : VPFGZHK8HJ0

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Ann J. McNeill

Mailing Address 311 Elm St

City

Aberdeen

State

NC

Zip Code

28315-2401

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2016

Transaction ID : VPFGZHK8145

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Millard

Mailing Address 109 Timberlake Dr

City

Inman

State

SC

Zip Code

29349-7382

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2016

Transaction ID : VPFGZHKJ9G6

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Richard J. Osborne

Mailing Address 2025 Nolen Park Ln

City

Charlotte

State

NC

Zip Code

28209-1566

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

Transaction ID : VPFGZHKJ9K0

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

Robert Penfold

A.

Mailing Address 815 Honeyhill Ln

City

Tryon

State

NC

Zip Code

28782-6763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2016

Transaction ID : VPFGZHK81K3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Scott Pleune

B.

Mailing Address 2400 Lake Adger Pkwy

City

Mill Spring

State

NC

Zip Code

28756-4778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Marketing

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2016

Transaction ID : VPFGZHK8XC7

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Tina Powell

C.

Mailing Address 14 Cambridge Pl

City

Wayne

State

NJ

Zip Code

07470-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beacon Wealthth Management

Occupation

Dir of Business Management

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2016

Transaction ID : VPFGZHKJ8X6

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

Daniel A. Simon

Mailing Address 2 Columbus Ave

Apt 37C

City

New York

State

NY

Zip Code

10023-6933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Not Employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2016

Transaction ID : VPFGZHKJ8Q0

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Robert Staton

Mailing Address 155 Rudder Ct

City

Lexington

State

SC

Zip Code

29072-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Presbyterian College

Occupation

President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : VPFGZHK80V4

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Brad Whitney

Mailing Address 62 Elizabeth Pl

City

Asheville

State

NC

Zip Code

28801-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Networks Geriatric

Occupation

physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		27		2016

Transaction ID : VPFGZHK7RF3

Amount of Each Receipt this Period

650.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

12970.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Bowles**Mailing Address 301 McCullough Dr  
Ste 300

City	State	Zip Code
Charlotte	NC	28262-1335

Purpose of Disbursement  
State employee taxes - first quarter

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Transaction ID : VPEHQA24527

**B. Bowles**Mailing Address 301 McCullough Dr  
Ste 300

City	State	Zip Code
Charlotte	NC	28262-1335

Purpose of Disbursement  
Unemployment tax for first quarter

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

202.29

☐ Memo Item

Transaction ID : VPEHQA245F9

**c. LJ Brooks**

Mailing Address 10 Greenleaf Ln

City	State	Zip Code
Tryon	NC	28782-5541

Purpose of Disbursement  
Field Director salary

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

1569.32

☐ Memo Item

Transaction ID : VPEHQA20G69

**SUBTOTAL** of Disbursements This Page (optional).....

2571.61

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. LJ Brooks**

Mailing Address 10 Greenleaf Ln

City	State	Zip Code
Tryon	NC	28782-5541

Purpose of Disbursement  
Field Director salary

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2016

Amount of Each Disbursement this Period

1569.32

☐ Memo Item

Transaction ID : VPEHQA244M6

**B. LJ Brooks**

Mailing Address 10 Greenleaf Ln

City	State	Zip Code
Tryon	NC	28782-5541

Purpose of Disbursement  
Field Director salary

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

1569.32

☐ Memo Item

Transaction ID : VPEHQA244K8

**c. Bulldog Finance Group, LLC**Mailing Address 1250 Connecticut Ave NW  
Ste 200

City	State	Zip Code
Washington	DC	20036-2643

Purpose of Disbursement  
fundraising consulting services partial monthly fee

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Transaction ID : VPEHQA245H5

**SUBTOTAL** of Disbursements This Page (optional).....

3888.64

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Bulldog Finance Group, LLC**Mailing Address 1250 Connecticut Ave NW  
Ste 200

City Washington State DC Zip Code 20036-2643

Purpose of Disbursement  
fundraising consulting services partial monthly fee

003

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	04	2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : VPEHQA245K1

Full Name (Last, First, Middle Initial)

**B. Campaign Finance Group, Inc**

Mailing Address 1624 Massachusetts Ave, Ave, NW, S

City Washington State DC Zip Code 20036-2210

Purpose of Disbursement  
retainer for fundraiser

003

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	05	2016

Amount of Each Disbursement this Period

5500.00

☐ Memo Item

Transaction ID : VPEHQA20GM9

Full Name (Last, First, Middle Initial)

**c. Campaign Finance Group, Inc**

Mailing Address 1624 Massachusetts Ave, Ave, NW, S

City Washington State DC Zip Code 20036-2210

Purpose of Disbursement  
fundraising consulting services monthly fee

003

Candidate Name

Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	17	2016

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Transaction ID : VPEHQA244D1

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Charter Communications**

Mailing Address PO Box 742614

City	State	Zip Code
Cincinnati	OH	45274-2614

Purpose of Disbursement  
internet/phone

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 04 / 2016

Amount of Each Disbursement this Period

74.97

☐ Memo Item

Transaction ID : VPEHQA20GG8

**B. Charter Communications**

Mailing Address PO Box 742614

City	State	Zip Code
Cincinnati	OH	45274-2614

Purpose of Disbursement  
internet/phone

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
05 / 02 / 2016

Amount of Each Disbursement this Period

74.97

☐ Memo Item

Transaction ID : VPEHQA20GH5

**C. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2016

Amount of Each Disbursement this Period

240.73

☐ Memo Item

Transaction ID : VPEHQA24VM6

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

390.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

2.07
------

☐ Memo Item

Transaction ID : VPEHQA24VN4

**B. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

2.07
------

☐ Memo Item

Transaction ID : VPEHQA24VP2

**c. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

28.52
-------

☐ Memo Item

Transaction ID : VPEHQA24VQ0

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

32.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

13.92

☐ Memo Item

Transaction ID : VPEHQA24VR8

**B. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2016

Amount of Each Disbursement this Period

28.17

☐ Memo Item

Transaction ID : VPEHQA24VS6

**C. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

92.38

☐ Memo Item

Transaction ID : VPEHQA24VT4

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

134.47

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

62.67

☐ Memo Item

Transaction ID : VPEHQA24VV2

**B. Democracy Engine**

Mailing Address 2125 14th St NW

City	State	Zip Code
Washington	DC	20009-4464

Purpose of Disbursement  
merchant fee for online donations

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2016

Amount of Each Disbursement this Period

21.61

☐ Memo Item

Transaction ID : VPEHQA24VW0

**C. Erie Insurance Exchange**

Mailing Address 100 Erie Ins Pl

City	State	Zip Code
Erie	PA	16530-9000

Purpose of Disbursement  
workers comp initial payment

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2016

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Transaction ID : VPEHQA20FM8

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

234.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Erie Insurance Exchange**

Mailing Address 100 Erie Ins Pl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2016

City	State	Zip Code
Erie	PA	16530-9000

Amount of Each Disbursement this Period

93.25
-------

Purpose of Disbursement  
monthly workers comp bill

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA20FP4

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

City	State	Zip Code
Menlo Park	CA	94025-1456

Amount of Each Disbursement this Period

173.23
--------

Purpose of Disbursement  
Facebook boost

004

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA245N7

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
Menlo Park	CA	94025-1456

Amount of Each Disbursement this Period

80.64
-------

Purpose of Disbursement  
Facebook boost

004

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA24576

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

347.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
Menlo Park	CA	94025-1456

Amount of Each Disbursement this Period

120.01
--------

Purpose of Disbursement  
Facebook boost

004

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA245A0

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Facebook**

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Menlo Park	CA	94025-1456

Amount of Each Disbursement this Period

1.14
------

Purpose of Disbursement  
Facebook boost

004

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA244P2

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Facebook**

Mailing Address 1 Hacker Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Menlo Park	CA	94025-1456

Amount of Each Disbursement this Period

171.18
--------

Purpose of Disbursement  
Facebook boost

004

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA244S5

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

292.33



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Feagan Law Firm PLLC**

Mailing Address 60 Walker St

City	State	Zip Code
Columbus	NC	28722-7497

Purpose of Disbursement  
rent for headquarters

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 04 / 2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Transaction ID : VPEHQA20GR1

**B. Feagan Law Firm PLLC**

Mailing Address 60 Walker St

City	State	Zip Code
Columbus	NC	28722-7497

Purpose of Disbursement  
6 months utility charges

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2016

Amount of Each Disbursement this Period

501.21

☐ Memo Item

Transaction ID : VPEHQA20FV2

**C. Feagan Law Firm PLLC**

Mailing Address 60 Walker St

City	State	Zip Code
Columbus	NC	28722-7497

Purpose of Disbursement  
rent for headquarters

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
05 / 02 / 2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Transaction ID : VPEHQA20GQ3

**SUBTOTAL** of Disbursements This Page (optional).....

1001.21

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Christina Feagan**

Mailing Address 60 Walker St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

City	State	Zip Code
Columbus	NC	28722-7497

Amount of Each Disbursement this Period

184.70
--------

Purpose of Disbursement  
call time manger hourly pay

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA20G35

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Google**

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
Mountain View	CA	94043-1351

Amount of Each Disbursement this Period

57.06
-------

Purpose of Disbursement  
email addresses

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA24568

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Google**

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

City	State	Zip Code
Mountain View	CA	94043-1351

Amount of Each Disbursement this Period

61.33
-------

Purpose of Disbursement  
email addresses

001

☐ Memo Item

Candidate Name

Category/  
Type

Transaction ID : VPEHQA244N4

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

303.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Millard for Congress**

Full Name (Last, First, Middle Initial)

**A. Jan Horton**

Mailing Address 404 Pine Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

City	State	Zip Code
Landrum	SC	29356-1345

Amount of Each Disbursement this Period

504.35
--------

Purpose of Disbursement  
Office manager salary

001

Candidate Name

Category/  
Type☐ Memo Item**Transaction ID : VPEHQA20G51**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Jan Horton**

Mailing Address 404 Pine Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2016

City	State	Zip Code
Landrum	SC	29356-1345

Amount of Each Disbursement this Period

504.35
--------

Purpose of Disbursement  
Office manager salary

001

Candidate Name

Category/  
Type☐ Memo Item**Transaction ID : VPEHQA244H2**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Jan Horton**

Mailing Address 404 Pine Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

City	State	Zip Code
Landrum	SC	29356-1345

Amount of Each Disbursement this Period

504.35
--------

Purpose of Disbursement  
Office manager salary

001

Candidate Name

Category/  
Type☐ Memo Item**Transaction ID : VPEHQA244J0**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1513.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address Department of the Treasury

City	State	Zip Code
Cincinnati	OH	45280

Purpose of Disbursement  
employee taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

713.27

☐ Memo Item

Transaction ID : VPEHQA244Y5

**B. Internal Revenue Service**

Mailing Address Department of the Treasury

City	State	Zip Code
Cincinnati	OH	45280

Purpose of Disbursement  
employee taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

1042.40

☐ Memo Item

Transaction ID : VPEHQA24501

**C. Internal Revenue Service**

Mailing Address Department of the Treasury

City	State	Zip Code
Cincinnati	OH	45280

Purpose of Disbursement  
employee taxes

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

2116.92

☐ Memo Item

Transaction ID : VPEHQA24152

**SUBTOTAL** of Disbursements This Page (optional).....

3872.99

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Millard for Congress**

Full Name (Last, First, Middle Initial)

**A. NGP VAN, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
quarterly bill for NGPVan

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	22	2016

Amount of Each Disbursement this Period

1650.00

☐ Memo Item

Transaction ID : VPEHQA20FX7

**B. North Carolina Democratic Party**

Mailing Address PO Box 1926

City Raleigh State NC Zip Code 27602-1926

Purpose of Disbursement  
tickets to Jefferson Jackson Dinner

007

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	12	2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : VPEHQA24144

**c. Office Max**

Mailing Address 1 McKenna Rd

City Arden State NC Zip Code 28704-9201

Purpose of Disbursement  
office supplies

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	22	2016

Amount of Each Disbursement this Period

19.07

☐ Memo Item

Transaction ID : VPEHQA244A7

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2169.07

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Millard for Congress**

Full Name (Last, First, Middle Initial)

**A. Phoneburner**Mailing Address 999 Corporate Dr  
Ste 255

City Ladera Ranch State CA Zip Code 92694-2159

Purpose of Disbursement  
call time system

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

396.00

☐ Memo Item

Transaction ID : VPEHQA24128

**B. David Roat**Mailing Address 42 Furman Ave  
# 311-B

City Asheville State NC Zip Code 28801-2016

Purpose of Disbursement  
data for map re-draw of district

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Transaction ID : VPEHQA20GF0

**C. Andrew Sowders**

Mailing Address 164 Broadway Ave

City Tryon State NC Zip Code 28782-3701

Purpose of Disbursement  
Campaign manager salary

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

1229.94

☐ Memo Item

Transaction ID : VPEHQA20G43

**SUBTOTAL** of Disbursements This Page (optional).....

1745.94

**TOTAL** This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB17

Transaction ID : VPEHQA20G43

\$300 has been deducted for loan being repaid to campaign

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. Andrew Sowers**

Mailing Address 164 Broadway Ave

City	State	Zip Code
Tryon	NC	28782-3701

Purpose of Disbursement  
Campaign manager salary

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2016

Amount of Each Disbursement this Period

1229.94

☐ Memo Item

Transaction ID : VPEHQA244G4

**B. Andrew Sowers**

Mailing Address 164 Broadway Ave

City	State	Zip Code
Tryon	NC	28782-3701

Purpose of Disbursement  
Campaign manager salary

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

1229.94

☐ Memo Item

Transaction ID : VPEHQA244F6

**c. TD Bank**

Mailing Address 936 S Trade St

City	State	Zip Code
Tryon	NC	28782-3722

Purpose of Disbursement  
Paper statement fee

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Transaction ID : VPEHQA244T3

**SUBTOTAL** of Disbursements This Page (optional).....

2461.88

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 936 S Trade St

Date of Disbursement

M M	D D	Y Y Y Y
04	29	2016

City	State	Zip Code
Tryon	NC	28782-3722

Amount of Each Disbursement this Period

8.00
------

Purpose of Disbursement  
Maintenance fee

001

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VPEHQA244V1

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. United States Post Office**

Mailing Address 126 Ward St

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2016

City	State	Zip Code
Columbus	NC	28722-9401

Amount of Each Disbursement this Period

13.45
-------

Purpose of Disbursement  
postage to mail package

007

Candidate Name

Category/  
Type☐ Memo Item

Transaction ID : VPEHQA20GA0

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. United States Post Office**

Mailing Address 126 Ward St

Date of Disbursement

M M	D D	Y Y Y Y
04	06	2016

City	State	Zip Code
Columbus	NC	28722-9401

Amount of Each Disbursement this Period

2.72
------

Purpose of Disbursement  
postage for package

001

Candidate Name

Category/  
Type☐ Memo ItemTransaction ID : VPEHQA20GB8  
mailed tshirt to volunteer

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

24.17

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB17

Transaction ID : VPEHQA20GA0

Mailed tshirts to volunteer running in a race

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. United States Post Office**

Mailing Address 126 Ward St

City	State	Zip Code
Columbus	NC	28722-9401

Purpose of Disbursement  
postage to overnight fundraising consultant contract

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

29.75

☐ Memo Item

Transaction ID : VPEHQA20GC6

**B. United States Post Office**

Mailing Address 126 Ward St

City	State	Zip Code
Columbus	NC	28722-9401

Purpose of Disbursement  
postage for package

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

6.80

☐ Memo Item

Transaction ID : VPEHQA20G92

**C. United States Post Office**

Mailing Address 126 Ward St

City	State	Zip Code
Columbus	NC	28722-9401

Purpose of Disbursement  
stamps

003

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

94.00

☐ Memo Item

Transaction ID : VPEHQA20G84

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

130.55

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB17

Transaction ID : VPEHQA20G92

mailed mouse back to fundraiser

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

**A. United States Post Office**

Mailing Address 126 Ward St

City	State	Zip Code
Columbus	NC	28722-9401

Purpose of Disbursement  
stamps

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

Amount of Each Disbursement this Period

141.00

☐ Memo Item

Transaction ID : VPEHQA20G76

**B. United States Post Office**

Mailing Address 126 Ward St

City	State	Zip Code
Columbus	NC	28722-9401

Purpose of Disbursement  
postage for package

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2016

Amount of Each Disbursement this Period

6.45

☐ Memo Item

Transaction ID : VPEHQA24160

**c. Lori Walter**

Mailing Address 202 S Lyles Ave

City	State	Zip Code
Landrum	SC	29356-1622

Purpose of Disbursement  
reim for laptop software

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

267.00

☐ Memo Item

Transaction ID : VPEHQA20GV4

**SUBTOTAL** of Disbursements This Page (optional).....

414.45

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 43

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Millard for Congress**

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Mailing Address 110 E Blackstock Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

City	State	Zip Code
Spartanburg	SC	29301-2605

Amount of Each Disbursement this Period

267.00
--------

Purpose of Disbursement  
software for laptopCategory/  
Type☒ Memo Item

Transaction ID : VPEHQA20GW2

\*

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Wellstone Action**Mailing Address 2446 University Ave W  
Ste 170

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

City	State	Zip Code
Saint Paul	MN	55114-1795

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
training for campaign managerCategory/  
Type☐ Memo Item

Transaction ID : VPEHQA241A2

Wellstone training in Virginia

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type☐ Memo Item

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

32327.78

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 39 OF 43

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPEHQA1J441L

Millard for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Shelly Self

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

101 Second St

City

State

ZIP Code

Tryon

NC

28782-3778

Original Amount of Loan

1209.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1209.40

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 25 / 2016

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1209.40

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 40 OF 43

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPEHQA1J459L

Millard for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Andrew Sowders

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

164 Broadway Ave

City

State

ZIP Code

Tryon

NC

28782-3701

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
01 / 25 / 2016

Date Due

M M / D D / Y Y Y Y  
 / / none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

350.00

**TOTALS** This Period (last page in this line only)..... ►

1559.40

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SC/9

Transaction ID : VPEHQA1J459L

Campaign manager salary docked \$150 per pay check until this loan and loan to Shelly Self for rent are paid off

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 42 OF 43

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFGZGB1DQ1L

Millard for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Andy Millard

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
69 Oak Ridge Cir

City

State

ZIP Code

Columbus

NC

28722-4431

Original Amount of Loan

22500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22500.00

**TERMS**

Date Incurred

M 12 / D 15 / Y 2015

Date Due

M 11 / D 09 / Y 2016

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

22500.00

**TOTALS** This Period (last page in this line only)..... ►

22500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : VPFZGB1DQ1L

from the candidate for campaign use

Form/Schedule:

Transaction ID: